

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/52/303

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒ Filing

☐ Amendment

☐ Extension of Time

☐ Notice of Appeal/Appeal

☐ Petition

☐ Issue

☐ Cert of Correction/Terminal Disc.

☐ Maintenance

☐ Assignment

☐ Other

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

☐ Treasury Check

☐ Credit Deposit A/C #:

9 15--0700

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

SIGNATURE: [Signature]

OFFICE: PCT DO/EO

TITLE: Paralegal Specialist

PHONE: 305-9140 ext 201

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B